

**Application Data Sheet**  
**Application Information**

Application number::	Not Assigned
Filing Date::	01/18/05
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	N/A
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Number of CD disks::	None
Number of copies of CDs::	None
Sequence submission?::	No
Computer Readable Form (CRF)?::	N/A
Number of copies of CRF::	N/A
Title ::	METHOD AND APPARATUS FOR INVESTIGATING HISTOLOGY OF EPITHELIAL TISSUE
Attorney Docket Number::	142.018US01
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin name::	N/A
Variety denomination name::	N/A
Petition included?::	N/A
Petition Type::	N/A
Licensed US Govt. Agency::	N/A
Contract or Grant Numbers::	N/A
Secrecy Order in Parent Appl.?::	No

## Applicant Information

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United Kingdom  
**Status::** Full Capacity

**Given Name::** Symon  
**Middle Name::** D'Oyly  
**Family Name::** Cotton  
**Name Suffix::** N/A  
**City of Residence::** Great Gransden  
**State or Province of Residence::** Sandy  
**Country of Residence::** United Kingdom  
**Street of mailing address::** Rose Cottage, 42 Church Street  
**City of mailing address::** Great Gransden  
**State or Province of mailing address::** Sandy  
**Country of mailing address::** United Kingdom  
**Postal or Zip Code of mailing address::** SG19 3AF

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## Applicant Information

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** United Kingdom  
**Status::** Full Capacity

**Given Name::** Julie  
**Middle Name::** Elizabeth  
**Family Name::** DUNNETT  
**Name Suffix::** N/A  
**City of Residence::** Cambridge  
**State or Province of Residence::**  
**Country of Residence::** United Kingdom  
**Street of mailing address::** Barker Brettell, St. John's  
Innovation Centre, Cowley  
Road  
**City of mailing address::** Cambridge  
**State or Province of mailing address::**  
**Country of mailing address::** United Kingdom  
**Postal or Zip Code of mailing address::** CB4 0WS

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## Correspondence Information

**Correspondence Customer  
Number ::** 34206

**Name::** Fogg & Associates, LLC

**Street of mailing address::** P.O. Box 581339

**City of mailing address::** Minneapolis

**State or Province of mailing  
address::** Minnesota

**Country of mailing address::** US

**Postal or Zip Code of mailing  
address::** 55458-1339

**Phone number::** (612) 332-4720

**Fax Number:** (612) 332-4731

**E-Mail address::** ryan@fogglaw.com

## Representative Information

<b>Representative Customer Number::</b>	34206	
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## Domestic Priority Information

<b>Application ::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application is a	National Stage of	PCT/GB2003/003245	07/21/03

## Foreign Priority Information

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
Great Britain	0216847.4	07/19/02	Yes
Great Britain	0225444.9	11/01/2002	Yes

## Assignee Information

<b>Assignee name::</b>	Astron Clinica Limited
<b>Street of mailing address::</b>	The Mount
<b>City of mailing address::</b>	Toft
<b>State or Province of mailing address::</b>	Cambridge
<b>Country of mailing address::</b>	United Kingdom
<b>Postal or Zip Code of mailing address::</b>	CB3 7RL